

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received Official Use Only DEPT. OF FINANCE PERSONNEL

Please type or print in ink.

Candidate

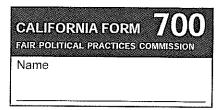
Election Year: .

A Public Document

2009 MAR 20 AM 8: 38

NAME (LAST)	(FIRST)	(MIDD	LE)	DAYTIME TELEPHONE NUMBER
Genest	Michael	С		(916) 445-4141
MAILING ADDRESS STREET (May use business address)	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
State Capitol, Room 1145	Sacramento	CA	95814	
1. Office, Agency, or Cou	urt	4. Schedu	le Summai	rv
Name of Office, Agency, or Court:		➤ Total number of pages		
Department of Finance		including this cover page:		
Division, Board, District, if applica	ble:	► Check applinterests."	icable schedu	iles or "No reportable
Your Position:		I have discled attached sci		on one or more of the
Director ► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		Schedule A-1		
various		Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)		
Position: Designee		Schedule B Real Property		schedule attached
2. Jurisdiction of Office	(Check at least one box)	Schedule C Income, Loan and Travel Paym	s, & Business P	schedule attached Positions (Income Other than Gilts
		Schedule D	X Yes - s	schedule attached
County of		Income – Gift		Should disastica
City of		Schedule E	☐ Yes – s	schedule attached
Multi-County		Income – Gift	s – Travel Paym	ents
Other			-or-	•
3. Type of Statement (Ch	eck at least one box)	No report	table interests	on any schedule
Assuming Office/Initial Da	ate:/			
	s January 1, 2008.	5. Verificati	on	
through December 31, 2008.	, ,,	I have used a	all reasonable	e diligence in preparing this
-or-		of my knowledg	e the information	this statement and to the best on contained herein and in any
O The period covered is December 31, 2008.	<i>J</i> , through	attached sched	ules is true an	nd complete.
Leaving Office Date Left:		I certify under p of California th	penalty of perjunat the forego	ury under the laws of the State ping is true and correct.
O The period covered is Janua date of leaving office. -Or-	ary 1, 2008, through the	Date Signed March 18, 2009 (month, day, year)		
O The period covered is	/ / through		,	(monnis day, year)
the date of leaving office.	/, tillough		s/ Michael C	. Genest led statement with your filing official.)

SCHEDULE D Income - Gifts



NAME OF COURSE					
▶ NAME OF SOURCE			NAME OF SOURCE		
CalChamber		Governor Arnold Schwarzenegger ADDRESS State Capitol, Sacramento, CA, 95814			
1215 K Street, Suite 1400, Sacramento, CA, 95814					
					BUSINESS ACTIVITY, IF ANY, OF SOL
Business Advocate					
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		
02,14,08 \$ 56.39	Luncheon	12,22,08 _{\$} 34.00	Popcorn Tin		
12,17,08 \$ 22.20	Lunch	\$			
\$		\$			
► NAME OF SOURCE		► NAME OF SOURCE			
ADDRESS		ADDRESS			
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY, IF ANY, OF SOUI	RCE		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		
\$		\$			
\$		\$			
NAME OF SOURCE		► NAME OF SOURCE			
ADDRESS		ADDRESS			
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		
\$		s			
\$					
\$					
Comments:					